

WIC REFERRAL NOTEBOOK



LOUISIANA WIC PROGRAM

1999

QUICK REFERENCE

AIDS HOTLINE	1-800-342-2437 or (504) 944-AIDS (2437)
BATTERED WOMEN'S LINE	1-800-738-8900
CHILD ABUSE HOTLINE	1-800-422-4453 (504) 925-9520
LOUISIANA COUNCIL ON CHILD ABUSE - HOTLINE	1-800-348-KIDS (5437)
LOCAL CHILD PROTECTION OFFICE	_____
COVENANT HOUSE (National Teen Crisis Help line)	1-800-999-9999
NUTRITION SERVICES (CENTRAL OFFICE)	(504) 568-5065
OFFICE OF FAMILY SUPPORT (LOCAL OFFICE)	_____
PRENATAL RESOURCES (Partners for Healthy Babies)	1-800-251-BABY (2229)
PARISH HEALTH UNIT	_____
POISON CONTROL	1-800-256-9822
REGIONAL NUTRITIONIST	_____
_____	_____
_____	_____
_____	_____
_____	_____
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USING THIS NOTEBOOK

As WIC providers you have a unique opportunity to help patients access needed resources. This notebook is designed to be used by you as a reference of different programs, doctors, medical clinics, etc. in your area. The goal of the notebook is to facilitate making referrals. Often patients will come to you with problems that can not be helped with food or nutrition education. For example, they may have lost their job, they haven't found a pediatrician for the baby, their husband is abusing alcohol, etc. Making an appropriate referral may help to improve their health outcome, it may help them focus on your nutrition message and it may add to your credibility.

Step 1 - Identify what your patient's need.

Let's start by discussing how you go about finding community resources. First you need to put yourself in your patient's shoes. Think about what types of services you might need. Maybe brainstorm a little and jot down your ideas. For example, a new mom not only needs a health care provider, she also needs clothes, food, a place to live and maybe some parenting support (not to mention help with breastfeeding, a family planning appointment and maybe the name of a good daycare).

Step 2 - Find the resources.

Once you have identified what is needed, the next job is to find these resources in your community. This is a core public health function - matching needs with services and advocating for or providing the services that aren't available. To help you find resources, ideas of places to look have been included in the notebook. However, your primary sources of information are going to be the staff at your clinic and the phone book. Some communities put together and publish lists of resources. For example, in New Orleans the Greater New Orleans Federation of Churches has compiled a resource book entitled "Agencies Serving the Hungry and Homeless". You may want to check with the Chamber of Commerce or a local church. Neighbors, the library, churches or synagogues, community message boards at grocery stores, etc. can help fill in the blanks. If the clinic is in a small community, you may need a phone book from the nearest "big town" to locate some services. They may not be very convenient, but it's better than nothing.

Step 3 - Network with other services.

After you have found a service, network - ask them about other programs that serve their clients. Not all of them will be appropriate for your patients - but you may also run across something you hadn't thought about before.

The notebook itself should help you with some of the detective work. It is broken up into seven sections - Health Care, Food Assistance, Mental Health Services, Financial Assistance, Housing Assistance, Educational Programs and General Assistance. In some cases organizations or programs that exist in many or all parishes are listed specifically and you just need to fill in the local phone number and contact person. Mostly, general types of services that are frequently found in communities are listed and it's your job to find the agencies or programs that provide these services in your area. There is space for services that are unique to your community and a blank page at the end of the notebook to copy and add to a section if needed. You may have already noticed that the first page is a "Quick Reference" page for some often called numbers and "hotlines" or "help lines".

MAKING REFERRALS

Having information is only half the job. You also have to provide information to the patient in a way that is useful. First and foremost, you must listen to the patient. This sounds obvious, but all too often we get caught up in our own agenda, like getting the paperwork done so you can get to the next patient, or start to problem solve before the patient has even finished talking. It takes time and attention to fully understand a concern and to clarify what might be helpful.

Second, it's usually not very useful to just tell someone where to go for help. Jotting down a phone number, a contact person and (if you know) what they will need to bring to the appointment, is much more helpful, and therefore, much more likely to result in the patient following through. If you have the time, and the patient is agreeable, making the first phone call while they are in your office can really get the ball rolling.

Finally, you need to help patients be good consumers. Some tips:

- Be persistent! Some of these agencies are very busy places, so they may need to call back several times.
- Be assertive! If they don't understand something, ask questions. If the person they are talking with isn't helpful, ask to speak to someone else.
- Be prepared! Most assistance programs have lots of paperwork. Ask, when making the appointment, what information is needed to complete the application. You might suggest the patient put together an envelope with everything they need, then they just have to remember to bring the envelope.

HEALTH CARE - WOMEN (PRENATAL)

PHONE NUMBER

PRENATAL RESOURCES (REFERRALS)

1-800-251-BABY (2229)

PRENATAL CLINICS

HIGH RISK PRENATAL CLINIC (CHARITY HOSPITAL)

PARISH HEALTH UNIT PRENATAL CLINIC

OBSTETRICIANS/GYNECOLOGISTS THAT ACCEPT MEDICAID

OBSTETRICIANS/GYNECOLOGISTS THAT ONLY ACCEPT PRIVATE INSURANCE

HEALTH CARE - WOMEN (POSTPARTAL)

<u>BREASTFEEDING ASSISTANCE</u>	PHONE NUMBER
BREASTFEEDING COORDINATOR - _____	_____
LA LECHE LEAGUE	_____
LACTATION CONSULTANTS (check w/ local hospitals)	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<u>FAMILY PLANNING CLINICS</u>	
PARISH HEALTH UNIT FAMILY PLANNING CLINIC	_____
PLANNED PARENTHOOD	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<u>STD CLINICS (SEXUALLY TRANSMITTED DISEASE)</u>	
PARISH HEALTH UNIT STD CLINIC	_____
PLANNED PARENTHOOD	_____
_____	_____
_____	_____
_____	_____
_____	_____

HEALTH CARE - CHILDREN

PHONE NUMBER

CHILD HEALTH CLINICS

PARISH HEALTH UNIT WELL BABY CLINIC

PEDIATRICIANS THAT ACCEPT MEDICAID

PEDIATRICIANS THAT ONLY ACCEPT PRIVATE INSURANCE

HEALTH CARE - CHILDREN

CHILD ABUSE HOTLINE

1-800-422-4453

(504) 925-9520

LOUISIANA COUNCIL ON CHILD ABUSE

Help line

1-800-348-KIDS (5437)

The Louisiana Council on Child Abuse is a volunteer-based, non-profit organization dedicated to the prevention of child abuse. Services include: family support programs (e.g., parenting classes, nurturing programs, parents anonymous-modeled programs) primary prevention programs (e.g., hospital and home visits) and public education.

CHILD NET

LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : **1-800-922 DIAL (3425)**

Child Net is the name of Louisiana's early intervention program. Early intervention provides special needs infants and toddlers (birth to three years of age) with extra support and assistance to help the child reach his/her greatest potential. A child may be eligible if either:

- the child has a medical condition, like Down's syndrome, cerebral palsy or visual impairment, that affects the way he or she is learning to do things or
- the child is experiencing a delay in development.

CHILD PROTECTION

LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE HOTLINE: **1-800-736-7033 or**

1-800-549-6880

Organization has the ability to intervene in cases of abuse or neglect of children. The phone number is listed in the blue pages in the "Quick Find" section.

CHILDREN'S SPECIAL HEALTH SERVICES (CSHS): LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : **1-800-251-BABY (2229)**

(Formerly known as the Handicapped Children's Program) CSHS is responsible for reducing the likelihood of additional disabling complications and improving the quality of life for children (up to age 21) with disabilities. The program does not directly provide all of the needed services to all children but assures that services are available. Some of the more common conditions for which treatment is provided by CSHS include cleft lip/palate, limb deformities, spina bifida, scoliosis, hearing loss and epilepsy.

IMMUNIZATIONS - SHOTS FOR TOTS

LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : **1-800-251-BABY (2229)**

Parish Health Units offer immunizations for \$5.00 per child per visit, no matter how many shots are given. If a patient can not afford the fee the shots will be given free. All childhood shots are available: diphtheria, pertussis (whooping cough), tetanus, measles, mumps, rubella (German measles), polio and Haemophilus influenza b (Hib). Hepatitis B vaccine is also available for infants.

CDC NATIONAL IMMUNIZATION HOTLINE

1-800-232-2522(English)

1-800-232-0233(Spanish)

HEALTH CARE - CHILDREN

SURVEILLANCE AND SEVERE PEDIATRIC UNDERNUTRITION (SPUN)

NUTRITION SERVICES: 1-504-568-5065

PARISH HEALTH UNIT #: _____

Severe undernutrition is a reportable condition in Louisiana. The program identifies, evaluates and refers preschool aged children for appropriate intervention and preventive treatment. Data collected are used to evaluate prevalence, causes of undernutrition and other associated risk factors. Cases should be reported on a "Confidential Case Record -PHS 2430 card" to either local health units or to Nutrition Services in New Orleans.

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

HEALTH CARE

GENERAL HEALTH OR MEDICAL CLINICS

PHONE NUMBER

GENERAL PRACTITIONERS OR FAMILY PRACTICE DOCTORS THAT ACCEPT MEDICAID

GENERAL PRACTITIONERS OR FAMILY PRACTICE DOCTORS THAT ONLY ACCEPT PRIVATE INSURANCE

HEALTH CARE

LOCAL HOSPITALS

PHONE NUMBER

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AIDS HOTLINE

1-800-342-AIDS (2437)

(504) 944-AIDS (2437)

CHAMP (Medicaid)

LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : **1-800-922-DIAL (3425)**

CHAMP (Child Health and Maternity Program - Medicaid) provides medical insurance for pregnant and postpartum women and children up to eight years old. CHAMP will pay for doctor visits before and after the baby is born, the baby's delivery and the baby's visits to the doctor. To be eligible a patient must:

- live in Louisiana and be a U.S. citizen or legal immigrant;
- have a Social Security number or have applied for one;
- have a low income.

What to bring to sign up (this is not a complete list): birth certificates of applicant's children, two of the last utility bills, a bank account statements, car registration, last rent receipt, last rent receipt, food stamp award statement, marriage certificate, death certificate of spouse if applicable and list of addresses and telephone numbers of 3 people not related to the applicant.

Patients can apply either at a Medicaid enrollment center or at some parish health units. The number for the Office of Family Support is listed in blue pages under State Government.

LIONS CLUB

LOCAL PHONE # : _____

CONTACT PERSON: _____

The Lions Club may provide used glasses to people who need them.

POISON CONTROL

LOCAL PHONE # : _____

STATEWIDE PHONE # : **1-800-256-9822**

FOOD ASSISTANCE

FOOD BANK/PANTRY (EMERGENCY FOOD)

SECOND HARVESTERS FOOD BANK

LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : **1-504-524-BANK (2265)**

Group typically supplies an emergency three day supply of food only once in a three month period.

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____
DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____

DESCRIPTION:

FOOD ASSISTANCE

SOUP KITCHENS (EMERGENCY MEALS)

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____

DESCRIPTION:

FOOD ASSISTANCE

FOOD FOR FAMILIES/FOOD FOR SENIORS

LOCAL PHONE # : _____

(also known as the Commodity Supplemental Food Program [CSFP])

CONTACT PERSON: _____ STATEWIDE PHONE # : **1-800-522-3333**

Food for Families/Food for Seniors provides a monthly package of nutritious food for pregnant, postpartal and breastfeeding women, infants and children up to the age of six and senior citizens. Women or children may qualify if they can verify one of the following - Food Stamps, Welfare, Unemployment Compensation, Public Housing Project, Social Security, Job Corps/JPTA, Man Power or low income. Senior citizens who reside in Louisiana and are 60 or older, may qualify if they have a low income. When applying patient must bring proof of child's date of birth. Presently this program is only available in Southeastern Louisiana.

FOOD STAMPS

LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : **1-800-922-DIAL (3425)**

Foods Stamps provides monthly benefits that help low-income households buy the food needed to maintain good health. A patient may receive both Food Stamps and Food for Families or WIC during the same month. To be eligible for the program a patient must:

- live in Louisiana and be a U.S. citizen or a legal immigrant
- have a Social Security number or have applied for one
- receive welfare (FITAP) or other assistance payments or have a low income.

Apply for Food Stamps at your parish Office of Family Support. The phone number is in the blue pages under State Government.

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

TEFAP provides a food package to eligible participants every three months (January, April, July and October). Food items may be different each time. To be eligible for a food package a patient must be a Louisiana resident and meet one the following criteria - have a low income, everyone in their household receives food stamps, they receive Supplemental Security Income (SSI) or their household receives FITAP or general assistance. Contact Total Community Action in your parish (number in business section of the white pages) for dates and places of distribution.

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

MENTAL HEALTH SERVICES

SUBSTANCE ABUSE TREATMENT/COUNSELING - Contact Partners for Healthy Babies helpline (1-800-251-BABY) for a list of Substance Abuse treatment facilities in your parish (or neighboring parish).

ALCOHOL TREATMENT REFERRALS

1-800-662-4357

ALCOHOLICS ANONYMOUS

LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : **(504) 779-1178**

Support group for recovering alcoholics.

ALANON

LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

Support group for people who are close to (family member, girlfriend, boy friend, etc.) of an alcoholic.

COCAINE HOTLINE (National)

1-800-262-2463

LOUISIANA OFFICE OF ALCOHOL AND DRUG ABUSE (OADA) LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : **(504) 342-6717**

The Louisiana Office of Alcohol and Drug Abuse has treatment facilities located throughout the state. Services include outpatient and inpatient care, detoxification and outreach. There are a limited number of OADA facilities that treat women only. Pregnant women are always given priority placement in OADA treatment facilities.

NARCOTICS ANONYMOUS

LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

Support group for people addicted to narcotics.

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

MENTAL HEALTH SERVICES

DEBTORS ANONYMOUS

LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

Support group for people with chronic debt problems

EMOTIONS ANONYMOUS

LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

Support group for individuals who have difficulty controlling their emotions

GAMBLERS ANONYMOUS

LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

Support group for people who are compulsive gamblers.

OVEREATERS ANONYMOUS

LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

Support group for people who are compulsive overeaters.

OFFICE OF MENTAL HEALTH

LOCAL PHONE # : _____

CONTACT PERSON: _____

Number is listed in the blue pages under State Government.

PARENTS ANONYMOUS

LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

Support group for parents.

RAPE CRISIS LINE

LOCAL PHONE # _____

CONTACT PERSON: _____ STATEWIDE PHONE # : (504) 483-8888

MENTAL HEALTH SERVICES

WARM LINE (The Parenting Center at Children's Hospital) PHONE # : **(504) 895-KIDS (5437)**

CONTACT PERSON: _____

The Warm Line is a telephone service providing information, practical suggestions, and help with ordinary stresses of raising children from birth through adolescence including: discipline problems, toilet training, school concerns, parental frustrations, sibling rivalry, sexual curiosity, stepfamily dynamics, children's sleep problems, motivation & homework, toddler tantrums, aggressive behavior and other issues. The call will be returned within 24 hours. The Warm Line does not dispense medical advice.

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

FINANCIAL ASSISTANCE

CHILD SUPPORT ENFORCEMENT PROGRAM LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : **1-504-342-4780**

The mission of the Child Support Enforcement Program is to assist custodial parents in obtaining economic and medical support for their children from the absent parent.. This program can help locate a missing parent, establish paternity and legally enforce payment of child support. Cases certified for FITAP, Foster Care or CHAMP are eligible for services without fee. Other cases may have to pay a \$25 non-refundable fee for services. Contact the Office of Family Support for information (number can be found in the blue pages under Louisiana State Office of Family Support - Child Support Enforcement).

DEPARTMENT OF LABOR LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

Department provides information on unemployment insurance and worker's compensation. The phone number is listed in the blue pages under State Government.

FAMILY INDEPENDENCE TEMPORARY ASSISTANCE PROGRAM (FITAP)
LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : **1-800-922 DIAL (3425)**

FITAP (formerly AFDC) provides monthly money grants to children. A child may be eligible if he/she:

- lives in Louisiana with a parent, sibling or close relative
- lives in a home with a low household income.
- is under 19 years of age.
- complies with the school attendance requirement.
- has proof of immunity or immunization against vaccine preventable diseases.
- has a Social Security number or has applied for one.
- is a U.S. citizen or legal immigrant

Recipients must participate in the Family Independence Work Program (FIND Work) unless otherwise exempt under criteria established by the agency. Apply for FITAP at your parish Office of Family Support. The phone number can be found in the blue pages under State Government.

HEATING/ELECTRICAL ASSISTANCE LOCAL PHONE #: _____

CONTACT PERSON: _____

Some local utilities have programs to assist low income families with heating and electrical bills. Contact your local utility for more information.

SUPPLEMENTAL SECURITY INCOME PROGRAM (SSI) LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : **1-800-722-1213**

Patients who are blind or disabled, may be eligible for monthly money grants from this program. To qualify for SSI a patient must:

- be a U.S. citizen or legal immigrant
- have a low income and few resources
- be determined blind or disabled by a Social Security health worker.

Children who receive SSI payments are eligible for Medicaid and food stamps. The phone number is listed in the blue pages under United States Government - Social Security Administration.

FINANCIAL ASSISTANCE

TRANSITIONAL ASSISTANCE

LOCAL PHONE #: _____

CONTACT PERSON: _____ STATEWIDE PHONE #: _____

This program is designed to help former FITAP recipients who are ineligible for continued benefits because of earnings make the transition from welfare dependency to self sufficiency by providing Medicaid coverage and Child Care assistance for up to 12 months. Contact your local Office of Family Support for more information. The phone number can be found in the blue pages under State Government.

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

THRIFT STORES/SECOND HAND SHOPS

STORE NAME: _____ LOCAL PHONE # : _____

DESCRIPTION:

STORE NAME: _____ LOCAL PHONE # : _____

DESCRIPTION:

STORE NAME: _____ LOCAL PHONE # : _____

DESCRIPTION:

STORE NAME: _____ LOCAL PHONE # : _____

DESCRIPTION:

STORE NAME: _____ LOCAL PHONE # : _____

DESCRIPTION:

HOUSING ASSISTANCE

BATTERED WOMEN'S SHELTERS

(Most of these are listed by name - look in the yellow pages under battered women. Once you have found one, call and ask about other shelters in the area.)

BATTERED WOMEN'S LINE

STATEWIDE PHONE # : **1-800-738-8900**

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

HOUSING ASSISTANCE

HOMELESS SHELTERS

(Most of these are listed by name. Look in the yellow pages under homeless or shelters. Once you have found one call and ask about other shelters in the area.)

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

HOUSING ASSISTANCE

DEPARTMENT OF HOUSING & URBAN DEVELOPMENT LOCAL PHONE # : _____

CONTACT PERSON: _____

Also known as the Housing Authority this program administers low cost or subsidized housing. The number is listed in the blue pages under United States Government.

YMCA

LOCAL PHONE # : _____

CONTACT PERSON: _____

Organization often provides emergency shelter. The number is listed in the yellow pages under Young Men's Christian Association.

YWCA

LOCAL PHONE # : _____

CONTACT PERSON: _____

Organization often provides emergency shelter, especially for abused women and children. The number is listed under Young Woman's Christian Association.

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

EDUCATIONAL ASSISTANCE

ADULT LITERACY PROGRAMS

(Try calling the local parish school board or community college for information)

EVEN START LITERACY PROGRAM

LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : **1-504-342-3336**

Even Start combines early childhood education and adult education for parents into one program. Children under 7 years of age with one or more parent who is over 16 years of age and in need of adult education are eligible. The education is provided through local education agencies or community based and non-profit organizations.

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAMS TO HELP GET GED (

(Try calling the local parish school board or community college for information)

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

EDUCATIONAL ASSISTANCE

JOB TRAINING PROGRAMS

(Try calling the local vo-tech school, community college, Department of Labor or Office of Family Support)

FAMILY INDEPENDENCE WORK PROGRAM (FIND Work)

LOCAL PHONE #: _____

CONTACT PERSON: _____ STATEWIDE PHONE #: _____

FIND Work is a program for unemployed FITAP parents that includes education, job skills training, job readiness activities, job development and placement, group and individual job search, on-the-job training and work experience. Participants may also be eligible for support services such as child care, transportation, medical care and medical exams, eyeglasses (including one exam), hearing aids, Union dues, uniforms, safety equipment or tools. All applicants and recipients of FITAP may volunteer for the program by contacting their Eligibility Determinations Examiner at the Parish Office of Family Support.

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

EDUCATIONAL ASSISTANCE

OTHER ADULT EDUCATIONAL PROGRAMS

THE EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM (EFNEP)

LOCAL PHONE # : _____

CONTACT PERSON: _____

EFNEP is designed to teach low-income families, especially those with small children, how to choose, provide and eat varied and balanced meals. The nutrition education is provided through home visits by trained nutrition aides who are usually members of the local community. The number is listed in the blue pages under Parish Government - Cooperative Extension Service or Agriculture Extension Service.

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

EDUCATIONAL ASSISTANCE

CHILD EDUCATION PROGRAMS

HEAD START

LOCAL PHONE # : _____

CONTACT PERSON: _____

Head Start is a comprehensive child care program that works to prepare children for school through lessons, activities and nutritious meals. It also provides access to medical and dental care and encourages parents to become involved with their child's learning. To be eligible a child must be 4 or more years old (some programs accept 3 year olds) and have a low income. Children with disabling conditions are given special consideration. When applying parent should bring child's shot record, birth certificate and proof of income. Call your local Total Community Action (listed in the blue pages under parish or local government) for more information.

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

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DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

GENERAL ASSISTANCE

These are groups or agencies that offer a variety of services. Call the organization for information about what specific services each may offer in your area. The phone numbers are usually found in the white pages.

AMERICAN CANCER SOCIETY LOCAL PHONE #: _____

CONTACT PERSON: _____

Provides information concerning prevention and treatment of cancer.

AMERICAN HEART ASSOCIATION LOCAL PHONE #: _____

CONTACT PERSON: _____

Provides information about prevention and treatment of heart disease. Also, offers CPR courses.

AMERICAN LUNG ASSOCIATION LOCAL PHONE #: _____

CONTACT PERSON: _____ STATEWIDE PHONE # : **1- 800-522-5864**

Provides information concerning prevention and treatment of lung disease.

AMERICAN RED CROSS LOCAL PHONE # : _____

CONTACT PERSON: _____

Local organization may offer Infant/child CPR courses, disaster relief, safety classes.

CATHOLIC CHARITIES LOCAL PHONE # : _____

CONTACT PERSON: _____

Organization often administers or funds a variety of programs for low income individuals and families.

CONSUMER CREDIT COUNSELING LOCAL PHONE #: _____

CONTACT PERON: _____

Provides counseling for individuals that are having financial difficulties

JEWISH FAMILY SERVICES LOCAL PHONE # : _____

CONTACT PERSON: _____

Organization often administers or funds a variety of programs for low income individuals and families.

GENERAL ASSISTANCE

LEGAL AID SOCIETY

LOCAL PHONE # : _____

CONTACT PERSON: _____

Legal services at reduced cost to low income individuals (try contacting nearest law school).

NATIONAL CANCER SOCIETY

PHONE #: **1-800-4 CANCER (422-6237)**

Provides information about prevention and treatment of cancer.

OFFICE OF FAMILY SUPPORT

LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

Office administers CHAMP, FITAP, FIND Work as well as other programs. The phone number is listed in the blue pages under State Government.

SALVATION ARMY

LOCAL PHONE # : _____

CONTACT PERSON: _____

Organization often supplies emergency food, temporary shelter, thrift stores, rehabilitation houses, etc.

TOTAL COMMUNITY ACTION AGENCY

LOCAL PHONE # : _____

CONTACT PERSON: _____

Agency often administers or funds a variety of programs for low income individuals and families. The phone number is listed in the blue pages under parish or local government.

YMCA

LOCAL PHONE # : _____

CONTACT PERSON: _____

Organization may provide emergency food or housing, health a fitness facilities and classes on a variety of subjects. The phone number is listed in the yellow pages under Young Men's Christian Association.

YWCA

LOCAL PHONE # : _____

CONTACT PERSON: _____

Organization may provide emergency food or housing, health a fitness facilities and classes on a variety of subjects. The phone number is listed in the yellow pages under Young Women's Christian Association.

GENERAL ASSISTANCE

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

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CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

PROGRAM NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____ STATEWIDE PHONE # : _____

DESCRIPTION:

GENERAL ASSISTANCE

Many local churches or synagogues provide services for low income individuals (e.g., food bank), meeting space for some other organizations, counseling with a priest, minister or rabbi, etc.

CHURCH NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____

DESCRIPTION OF SERVICES:

CHURCH NAME: _____ LOCAL PHONE # : _____

CONTACT PERSON: _____

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